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Division of Health Care Fac	ilities			FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	(X3) DATE SURVEY COMPLETED		
	TN0701	B. WING			
NAME OF PROVIDER OR SUPPLIER	······································	<u> </u>		12/08/2014	
			STATE, ZIP CODE		
BEECH TREE MANOR		TN 37762	E, PO BOX 300		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	LD BE COMPLETE	
N1411 1200-8-614(2)(a)	5.(iii) Disaster Preparedness	N1411	, N1411	Jan. 24, 201	
(2) Physical Facility and Community Emergency Plans.			(1) No residents are or were affected by the annual bo	mh	
(a) Physical Facility (Internal Situations).			threat drill not being		
5. Each of the following diseases.		<u>!</u> 	conducted within the mos	_	
Each of the following disaster preparedness plans shall be conducted annually prior to the			recent twelve months. Th	ie į	
month listed in the	plan. Drills are for the		most recent drill was	·	
purpose of educating staff, resource			conducted on August 30, 2		
determination, testing personnel safety provisions			and had not been conduct	:ed	
and communications with other facilities and			as of December 8, 2014.	:	
community agencies. Records which document and evaluate these drills must be maintained for			(2) A bomb threat drill was	•	
at least three (3) years.			conducted on Thursday,		
			December 18, 2014. The		
(iii) Bomb Threat Procedures Plan, to be			"box" was placed by the		
exercised at any tim	e during the year:		Maintenance Director on 3		
(I) Staff duties by d	opertment and ich		hall in room 319. A teleph		
(I) Staff duties by department and job assignment; and,			call was placed to the facili		
Similar A Company	İ		telling the unit nurse there		
(II) Search team, searching the premises.			was a bomb in the building	5.	
			The unit nurse gained the		
	• • • • • • • • • • • • • • • • • • •		attention of her team men		
This Rule is not me	t as evidenced by:		and indicated the belief the	ata	
This Rule is not met as evidenced by: Based on interview and record review, it was			bomb had been placed in		
determined the facility failed to exercise a bomb			room 319. This staff made]	
threat drill annually.			others aware of potential	,	
The findings include:			concern. All staff responde		
Interview and record review with the Maintenance			appropriately, residents we		
Director on December 8, 2014 at 9:15 a.m. confirmed the facility falled to perform a bomb			quietly moved away from this		
threat drill in the past year. The last bomb threat			location and "box" was found, all were safe. Residents were		
drill was conducted on 8-30-13.					
This finding was verified by the Maintenance			placed back in their normal		
Supervisor and acknowledged by the		<u>!</u> 	places and activities withou		
Administrator during the exit conference on December 8, 2014.			incident or being alerted or		
<u> </u>			upset that there might have	<u>:</u>	
vision of Health Care Facilities BORATORY DIRECTOR'S OR PROVIDE	WIND THE REPRESENTATIVE'S SIGN	ATUBE	been a problem.		
E. Jaklean 2	101 A 01	/ / /	21 - · + + ->	(X6) DATE	
ATE FORM	reala	<u> 43</u>	umaistrator	1424/14	
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Division of Health Care Facilities FORM APPROVED									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(V2) DATE CURVEY			
ANDPLANT	OF CORRECTION	IDENTIFICATION NUMBER:		G: 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED				
				:	[
	<u> </u>	TN0701	B. WING _		127	0010044			
NAME OF PROVIDER OR SUPPLIER STREET AD		ADDESC OT A CTATE TO COST		12/08/2014					
OWELL MODILESS, OFFI, STATE, ZIP CODE									
BEECH TREE MANOR 240 HOSPITAL LANE, PO BOX 300 JELLICO, TN 37762									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES									
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	O BE	(X5) COMPLETE DATE			
				N-1411	,	:			
						1			
						·			
				(3) The Maintenance Director	will				
		•	ļ	perform a bomb threat drill each		:			
				prior to December 18, 2014 and	each	:			
				year thereafter. Same will be	00011	·			
				documented.					
			•	(4) The Master Maintenance	e				
			• •	Calendar will be reviewe	d by				
				the Administrator on a	i				
				quarterly basis to assure	that				
:				all system audits have be completed.	en :				
				i completed.	ı				
			! : !	Projected date of completion:	*				
				January 24, 2015.					
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